

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	
First Named Inventor	VINCENT FISCHETTI
COMPLETE IF KNOWN	
Application Number	
Filing Date	November 25, 2003
Art Unit	1616
Examiner Name	Dameron Jones

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A THROAT LOZENGE FOR THE TREATMENT OF STREPTOCOCCUS Group A

(Title of the Invention)

the specification of which

☒ is attached hereto

**OR**

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Sep Sep.22. 2003: 2:25PM G-NEW HORIZONS DIAGNOSTICS-S

3016038071 No.5968

P. 2 P. 2

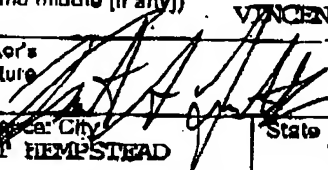
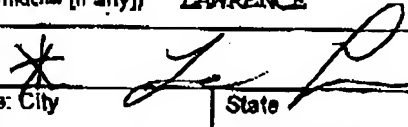
PTO/SB/01 (08-03)

Approved for use through 07/31/2005. CMB 0061-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below			
Name KAREN BAILEY YOUNG/NEW HORIZONS DIAGNOSTICS CORPORATION			
Address 9110 Red Branch Road			
City Columbia		State Maryland	ZIP 21045
Country USA	Telephone 800-888-5015	Fax 410-992-0328	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made or information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) VINCENT		Family Name or Surname FISCHEITTI	
Inventor's Signature 		Date * 9/25/03	
Residence: City WEST HEMPSTEAD	State NY	Country USA	Citizenship US
Mailing Address 448 JOAN COURT			
City WEST HEMPSTEAD	State NY	ZIP 11552	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) LAWRENCE		Family Name or Surname LOOMIS	
Inventor's Signature 		Date * 9/22/03	
Residence: City COLUMBIA	State MARYLAND	Country USA	Citizenship USA
Mailing Address 11374 BUCKLEBERRY LANE			
City COLUMBIA	State MARYLAND	ZIP 21044	Country USA
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			